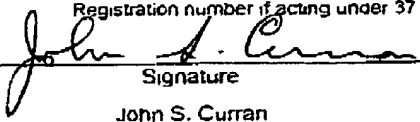


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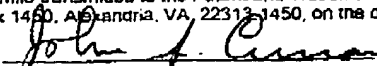
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) SMQ-114RCE/P5635	
Application Number 09/722923-Conf. #4941		Filed November 27, 2000	
For METHOD, SYSTEM, PROGRAM, AND COMPUTER READABLE MEDIUM FOR PROVIDING A DATABASE FOR OBJECT ORIENTED OBJECTS			
Art Unit 2178		Examiner M. J. Ludwig	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	<u>Small Entity Fee</u> \$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>50,445</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature		October 19, 2005 Date	
John S. Curran Typed or printed name		(617) 227-7400 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted			

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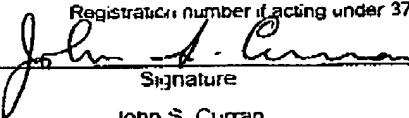
10/21/2005 HDEMESS1 00000001 120080 09722923

02 FC:1253 1020.00 DA

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on the date shown below.

Dated, October 19, 2005 Signature  (John S. Curran)

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<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

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Dated, October 19, 2005

Signature: 

(John S. Curran)